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AUG 15 2022	
CLERK U.S. DISTRICT COURT DISTRICT OF ARIZONA	
BY _____	DEPUTY _____

Jose Manuel Gonzalez-Sandoval  
Name and Prisoner/Booking Number

MCADF  
Place of Confinement

501 W. Hwy 66  
Mailing Address

KM, Ariz 86401  
City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

THIS DOCUMENT IS NOT IN PROPER FORM ACCORDING  
TO FEDERAL AND/OR LOCAL RULES AND PRACTICES  
AND IS SUBJECT TO REJECTION BY THE COURT.

REFERENCE LPCIRP 5.4  
(Rule Number/Section)

## IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF ARIZONA

Gonzalez-Sandoval, Jose M.,  
(Full Name of Plaintiff)

Plaintiff,

v.

(1) MCSO,  
(Full Name of Defendant)

(2) MCADF,

(3) Jonathan Robinson,

(4) Danrel Keizer,

Defendant(s).

☒ Check if there are additional Defendants and attach page 1-A listing them.

CASE NO. CV22-08147-PCT-SMB--ESW

(To be supplied by the Clerk)

### CIVIL RIGHTS COMPLAINT BY A PRISONER

- ☒ Original Complaint  
☐ First Amended Complaint  
☐ Second Amended Complaint

### A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☐ 28 U.S.C. § 1331; *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971).

☐ Other: \_\_\_\_\_

2. Institution/city where violation occurred: KM, Ariz

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Mohave County

State of Ariz.

Jaimye L. Ashley

**B. DEFENDANTS**

1. Name of first Defendant: MCSO. The first Defendant is employed as: N/A at N/A.  
(Position and Title) (Institution)
2. Name of second Defendant: MCADF. The second Defendant is employed as: N/A at N/A.  
(Position and Title) (Institution)
3. Name of third Defendant: Jonathan Robinson. The third Defendant is employed as: lawyer at MCLDO.  
(Position and Title) (Institution)
4. Name of fourth Defendant: Danrel Keizer. The fourth Defendant is employed as: lawyer at lawyer in flag staff.  
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

**C. PREVIOUS LAWSUITS**

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? \_\_\_\_\_. Describe the previous lawsuits:
- a. First prior lawsuit:
1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
  2. Court and case number: \_\_\_\_\_
  3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
- b. Second prior lawsuit:
1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
  2. Court and case number: \_\_\_\_\_
  3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
- c. Third prior lawsuit:
1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
  2. Court and case number: \_\_\_\_\_
  3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

**D. CAUSE OF ACTION****COUNT I**

1. State the constitutional or other federal civil right that was violated: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, Amendment 5

2. **Count I.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

- |  |   |   |                                       |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities             | <input type="checkbox"/> Mail             | <input type="checkbox"/> Access to the court                                  | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings      | <input type="checkbox"/> Property         | <input type="checkbox"/> Exercise of religion                                 | <input type="checkbox"/> Retaliation  |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input checked="" type="checkbox"/> Other: <u>due Process/Dobble Jeopardy</u> |                                       |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count I. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

Robinson and Keizer did Refus to return my files, Property, failed to answer my letters, calls, Both lawyer's did not keep me up to date on my case, failed to follow my instructions, there was a delay and lack of diligence, did not call nor come to see me, All 3 lawyers told me that they talked with other inmates, TV news and newspapers about my case, did not have my best interest at heart, I asked at every court date to have a speedy trial and did not get it, they are Doing Dobble Jeopardy on my case charging me with 2 of the same and 2 other of the same charge, Put Drgs that was not mine in my case, Drove my car from flagstaff to KM, Ariz. the MCSO Put PIC's that is not mine in my case as evidence and put evidence in my case that is not mine.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

PTSD, heart issues, TBI

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Count I? ☒ Yes ☐ No
- Did you appeal your request for relief on Count I to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. \_\_\_\_\_

**COUNT II**

1. State the constitutional or other federal civil right that was violated: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10  
Amendments

2. **Count II.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

- |  |  |  |                                       |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Basic necessities             | <input type="checkbox"/> Mail                        | <input type="checkbox"/> Access to the court   | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings      | <input type="checkbox"/> Property                    | <input type="checkbox"/> Exercise of religion  | <input type="checkbox"/> Retaliation  |
| <input type="checkbox"/> Excessive force by an officer | <input checked="" type="checkbox"/> Threat to safety | <input checked="" type="checkbox"/> Other: <u>threat to safety/unlawful actions.</u> |                                       |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

the CO's and other workers tried to kill me and as I was in  
the ER Room. the same people or person tried to kill me  
with a long Bolt. the Search warrant was executed on 1/5/22 then  
it was returned at 2/8/22 at 8:17am then filed at 2/8/22 at 8:27am,  
then on 12/29/21 the search warrant was executed then on 2/8/22 at  
8:18am but filed date I can NOT see. the 1st warrant NO IS SW2021-00274  
then the 2nd warrant NO IS SW2020-00005. there IS a 3th return search  
warrant on 1/4/22 starting and 2/5/22 ending then returned 1/8/22 at 8:35am,  
Affidavit for search warrant and NO SW2022-003 then Search warrant and  
NO SW2022-003, there IS 2 Affidavits for a search warrant with  
the same NO SW2022-00039, then search warrant NO SW2022-00039,  
the MCSO Drove my car from flagstaff to KM, AZ. the 2 cars that  
are a GMC and Mazda are not in my name at all.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

PTSD, heart issues, TBI

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Count II? ☒ Yes ☐ No
- Did you appeal your request for relief on Count II to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. \_\_\_\_\_



1.

Lemke v. Rayes

141 P.3d 407, 213 Ariz. 232 (Ariz. App. 2006)

2.

State v. Carter

249 Ariz. 312, 469 P.3d 449 (Ariz. 2020)

3.

State v. Felix

149 P.3d 488, 214 Ariz. 110 (Ariz. App. 2006)

- If you assert more than three Counts, answer the questions listed above for each additional Count on a separate page.**

**E. REQUEST FOR RELIEF**

State the relief you are seeking:

I want the case/cases dismissed and 290, Mill, lost Job  
of 900,000, home 35,000, PTSD, heart issues and TBI, Ribs.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 8/10/22  
DATE

José Manuel González Sandoval  
SIGNATURE OF PLAINTIFF

\_\_\_\_\_  
(Name and title of paralegal, legal assistant, or  
other person who helped prepare this complaint)

\_\_\_\_\_  
(Signature of attorney, if any)

\_\_\_\_\_  
(Attorney's address & telephone number)

**ADDITIONAL PAGES**

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.